

Louisiana Department of Revenue



Declaration of Alternate Four-Week Filing Schedule for the Calendar/Fiscal Year

Ending _____, 20____
mm/dd yy

For use by taxpayers who have been authorized to file sales tax returns on an alternate filing schedule in accordance with LAC 61:I.4306.

Legal Name: _____

Location Address: _____

City, State, ZIP: _____

Contact Name: _____

Telephone Number: _____ Fax Number : _____

Schedule should be submitted no less than 45 days from the beginning of Period 1.

Period	Beginning Date (mm/dd/yyyy)	Ending Date (mm/dd/yyyy)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		

Returns will be filed according to the above schedule for the following accounts:

Account Number	Tax Type

Tax Types:

LGST – General Sales

NOEH - Additional Hotel
& Food/Beverage

LSED – Orleans & Jefferson

Hotel/Motel 4-Column

If you have not received this schedule back with the approval signature within thirty days, please contact the Sales Tax Section of the Louisiana Department of Revenue at (225) 219-7356.

Louisiana Department of Revenue Approval: _____ Date: _____

Fax to: (225) 219-2065 Attn: Sales Tax Section

Taxpayer Services Division, Sales Tax Section

Mail to: Louisiana Department of Revenue, P.O. Box 201, Baton Rouge, La. 70821-0201